



**SOLID WASTE TECHNICIAN
RECERTIFICATION CLASS ENROLLMENT**

Training Sponsored by

**SOLID WASTE ASSOCIATION OF NORTH AMERICA
MISSOURI CHAPTER (MOSWANA)**

APRIL 27-28, 2004

Date: _____

I. PERSONAL INFORMATION (Please print)

1. Name: _____

2. Mailing Address: _____

3. Phone: (____) _____

4. Solid Waste Technician Certificate number: _____ Expiration Date: _____

II. FACILITY INFORMATION

1. Where Currently Employed: _____

2. Your Position/Title: _____

III. REGISTRATION FEE

\$25.00/attendee

Please make checks payable to "Missouri Chapter SWANA" and return completed form with payment to:

Mr. Mark Russell
SWANA, President
12101 South Rt. N
Columbia, MO 65203